"Express Mail" mailing label num	nber <u>EL541614231US</u>		PTO/SB/01 (6-9 ved for use through: 10/31/98 OMB 0651-0				
Type a plus sign (+) inside this	box +		Office; U.S. DEPARTMENT OF COMMER				
0010/PTO Rev. 6/95	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number	H 3888 PCT/US				
DECLARA	TION FOR	First Named Inventor	Mayoud, Beatrice				
UTILITY O	R DESIGN	COMPLETE IF KNOWN Application Number 09/914,303 APR 1					
T 94		Application Number	09/914,303 APR 1				
A LAILIN A.	, 2,0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Filing Date	10/29/01				
	DR X Declaration Submitted after	Group Art Unit	*67				
Submitted with Initial Filing	Initial Filing	Examiner Name					
of the subject matter which is claim	d sole inventor (if only one name is lis med and for which a patent is sought S FOR HARD SURFACE (Title of	on the invention entitled:	APR 1				
is attached hereto			TC 1				
OR was filed on (MM/DD/YY	YY) 02/18/2000	as United S	states Application Number or PCT International				
Application Number PCT/EF	200/01312 and was an	nended on (MM/DD/YYYY)	(if applicable).				
amendment specifically referred to	and understand the contents of the a above. information which is material to pater		luding the claims, as amended by any de of Federal Regulations, § 1.56.				
I hereby claim foreign priority bene certificate, or §365(a) of any PCT I and have also identified below, by having a filing date before that of the	fits under Title 35. United States Cod nternational application which designa checking the box, any foreign applica ne application on which priority is claim	e §119(a)-(d) or §365(b) of any frated at least one country other the tion for patent or inventor's certified.	oreign application(s) for patent or inventor's nan the United States of America, listed below ficate, or of any PCT International application				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Certified Copy Attached? Not Claimed YES NO				
199 08 563.3	Germany	02/27/1999					
	numbers are listed on a supplementa						
	tle 35, United States Code §119(e) of Filing Date (MM/DD/YYYY)		pplication(s) listed below. Additional provisional				
Application Number(s)	Fining Date (MIMADD) (1111)		application numbers are listed on a supplemental priority sheet attached bereto				

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

MAR 1 2 2002

Type a plus sign (+) inside this box +

H 3888 PCT/US

DECLARATION RADEMARY

Pag 2

ereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application signating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the lited States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the didisclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the grade of the prior application and the national or PCT international filing date of this application.
ng date of the prior application and the national or PCT international filing date of this application.
U.S. Parent PCT Parent Parent Filing Date Parent Patent Number Application Number Number (MM/DD/YYYY) (if applicable)
PCT/EP00/01312 02/18/2000
Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.
s a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent ademark Office connected therewith:
Firm Name Customer or label Number Or label
OR List Attorney(s) and/or agent(s) name and registration number below: APR 1
Name Registration Name Registration Number Number
ohn E. Drach 32,891 Steven J. Trzaska 36,296
Laron E. Ettelman 42,516 Henry E. Millson, Jr. 18,980
Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.
tease direct all correspondence X Customer Number or label 23657 OR Fill in correspondence address below
Number of label address below
ame Steven J. Trzaska
ame Steven J. Trzaska ddress ddress
lame Steven J. Trzaska ddress ddress ddress ity State Zip
address below lame Steven J. Trzaska ddress ddress
lame Steven J. Trzaska ddress ddresdresdres ddress
lame Steven J. Trzaska ddress day
lame Steven J. Trzaska ddress ddresd
lame Steven J. Trzaska Industry State Sta
lame Steven J. Trzaska ddress dare dress dere J. Tin Tolephone 610-278-4929 Fax 610-278-6548 Fax 610-278-6548 Fax dereby declare that all statements made on formation and belief are believed to be true; and further that these statements were made with the knowledge tha fillful false statements were made with the knowledge tha fillful false statements were made with the knowledge tha fillful false statements may jeopardize the validity of the application from and belief are believed to be true; and further that these statements were made with the knowledge tha fillful false statements were made with the knowledge tha fillful false statements were made with the knowledge tha fillful false statements were made with the knowledge tha fillful false statements were made with the knowledge tha fillful false statements were made with the knowledge tha fillful false statements were made with the knowledge tha fillful false statements were made with the knowledge tha fillful false statements were made with the knowledge tha fillful false statements were made with the knowledge tha fillful false statements were made with the knowledge tha fillful false statements were made with the knowledge tha fillful false statements made on formation and belief are believed to be true; and further that these statements made on formation and belief are believed to be true; and further that these statements made on formation and belief are believed to be true; and further that these statements made on formation and belief are believed to be true; and further that these statements made on formation and belief are believed to b
lame Steven J. Trzaska ddress
Steven J. Trzaska ddress derep J. Trzaska Telephone 610-278-4929 Fax 610-278-6548

<i>j</i>		(c)							-
ype a plus sign (+) inside this box + MAR	1 2 2002	=		_		H 3	888 P	CT	us
DECLARATION	PADEMARY	8	A		DNAL IN				
Name of Additional Joint Inventor, if any:	AULI		A peti invent	ition ha	s been file	d for this	unsigr	ed	<u>^</u>
Given Daniel Middle Initial		Family Name		DUFAY		Suffix e.g. Jr.			
nventor's Signature		4108	151		Date				
Residence: City Courtenay State		Country	Fran	nce		Citizensh	ip Fr	enct	
Post Office Address 9, Route de Montargis									
Post Office Address		- 	. 1.				. 1		
City 45320 Courtenay State Z	Zip	Cour	ntry	France		Applicar Authorit	م لــــــــــــــــــــــــــــــــــــ	_	
Name of Additional Joint Inventor, if any:			A pet	ition ha tor	s been file	ed for this	- Consider	la .	IV
Given Middle Initial		Family Name					Suffix e.g. Jr.	2	2002
Inventor's	11		•		Date		37	7	UU
Signature Residence: City State	I	Country	T		<u> </u>	Citizensh	nip		
Post Office Address	.								
Post Office Address						· -			
City 40789 Monheim State Z	Zip	Cou	ntry	German	iy	Applica Authorit	nt ty		
Name of Additional Joint Inventor, if any:			A pe	tition ha	ıs been file	ed for this	s unsig	ned	
Given Middle Initial		Family Name					Suffix e.g. Jr.		
Inventor's Signature					Date				
Residence: City State		Country				Citizensh	nip		
Post Office Address									
Post Office Address City State 2	Zip	Cou	ntry		Арр	licant Aut	hority	Γ	\dashv
Name of Additional Joint Inventor, if any:	1		A pe	tition ha	as been file	ed for thi	s unsig	ned	
Given Name Middle Initial		Family Name				T .	Suffix e.g. Jr		
Inventor's Signature	,				Date		. 1	_	
Residence: City State	<u> </u>	Country	Ц_			Citizens	hip		
Post Office Address City State	Zip	Cou	intry		App	olicant Aut	hority		
Additional inventors are being named on suppler	mental shee	et(s) attach	ned her	reto					